

CONFERENCE OF THE WOMEN SANITARY INSPECTORS' AND HEALTH VISITORS' ASSOCIATION.

The Conference of the Women Sanitary Inspectors' and Health Visitors' Association, on matters affecting the work of Health Visitors, which was held at Caxton Hall on Friday, February 17th, was very largely attended, and its promoters are, with good reason, well satisfied with the results of the great amount of work which the promotion of this Conference has involved.

The Morning Session.

Mrs. George Cadbury presided at the Morning Session, and the hall was crowded with delegates from a large number of Local Authorities and different organisations interested in Public Health work. The Conference opened with an address of welcome to delegates by Miss Gertrude Tuckwell, J.P., and her bright humour at once brought her audience into a mood of pleasurable anticipation of an interesting day.

Dr. Eustace Hill, O.B.E. (Medical Officer of Health for the County of Durham), spoke in favour of a wider application of the principle of the direct administration of the Maternity and Child Welfare, and other Acts, by Local Authorities; he pointed out that, at present, Local Authorities administered the Act in two ways: (1st) directly through their own Medical Officers and Health Visitors; and (2nd) by delegating the work to District Nursing Associations and Voluntary Committees, administering Maternity and Child Welfare Centres. Dr. Hill argued that such delegation involved dual control, diminishing the personal responsibility of the Officers employed by the Medical Officer of Health, and, in some cases, lessening the scope of educative and preventive health work. The main points which Dr. Hill emphasised were that the passing of the Notification of Births Act, 1907, enabled systematic work to be undertaken in the care of expectant mothers, while the Maternity and Child Welfare Act, 1918, enabled further development to take place. Dr. Hill said that he was convinced it was desirable that Health Visitors should be appointed and controlled by Local Authorities, responsible for the administration of these Acts. Objections to dual control lay in the facts that the primary duties of District Nurses lay with curative rather than preventive work, and sometimes both District Nurses and the Associations they belonged to objected to the Nurses giving evidence in police-court proceedings and undertaking certain duties, such as the examination of the children's heads. Furthermore, Dr. Hill also held that the duties of the District Nurse were apt to be influenced by the religious and political views of the Members of the Voluntary Organisation employing them. While appreciating the work of Voluntary Committees, Dr. Hill felt that it was undesirable that they should control the duties of a whole-time Health Visitor, although mutual co-operation was important. Dr. Hill gave an outline of the scheme for the training of Health Visitors which is in operation in Durham. Councillor R. F. Cox's able speech supported Dr. Hill's remarks.

Dr. Fenton, D.P.H., Medical Officer of Health for the Royal Borough of Kensington, spoke on co-operation between Local Public Health Authorities, Boards of Guardians, and other bodies in the provision of Maternity Homes. Limitations of space prevent us from giving, in its entirety, his very able speech. He stated that about 3,000 children are born in Kensington each year; in connection with Queen Charlotte's Hospital Training School there is a Midwives' Training Home situated in the centre of the poorest quarter of North Kensington, where two qualified midwives reside with a number of pupil midwives.

The Staff of this Home attends between 700 and 800 confinements yearly in the homes of the poor people in their district. About 600 women each year are attended in their confinements by general medical practitioners with the help of midwives or monthly nurses; about 800 women are delivered by midwives, of whom there are about 20 practising in the Borough. Their patients are not the poorest persons in the district, for these generally come under the care of the Staff working from Queen Charlotte's Midwives' Training Home. The remaining women are confined in maternity hospitals and nursing homes, or the Kensington Board of Guardians' Hospital. Dr. Fenton characterised the medical and nursing services in the Royal Borough as very adequate. In 1924 the Borough Council decided that additional facilities for confinement, beyond those already in existence, were needed, and ultimately they approached the Kensington Board of Guardians and entered into an agreement that part of their Hospital should be utilised as the Borough Council Maternity Home, on the understanding that the medical and nursing staff of the Guardians' Hospital should be available for the Home. The Council agreed to pay the Guardians five shillings a day for each woman who stayed in the Home and undertook to meet the cost of any additional nursing assistance which the Guardians might find to be necessary. Having made these and other arrangements, the Council formulated their scheme and arranged that the part of the Hospital, set aside under such scheme, should be known as the Kensington Maternity Home; it is available for married women of all classes whose homes are not suitable for their confinement, and who cannot pay the fees of private nursing homes. Dr. Fenton gave many details regarding the finance, regulations for admission to the Home, the ante-natal work at the Welfare Centre connected with the Hospital, and many other matters of interest. He also gave figures and statistics to show how successful co-operation between the Council and the Guardians had proved, emphasising the fact that Poor Law Infirmaries are more and more becoming like General Hospitals so that nowadays there is no stigma attached to a person treated in a Poor Law Hospital.

Professor Louise McIlroy spoke strongly in support of the scheme which Dr. Fenton had inaugurated in Kensington, and also bore testimony to the efficiency of the Maternity Department of the North Edmonton Hospital.

There was a lively discussion afterwards on the points which Dr. Fenton had raised, and in his reply Dr. Fenton pointed out that some of those who spoke had misunderstood him when they said that he advocated Public Health Authorities "handing over" their Maternity work to Boards of Guardians. *Co-operation* was what he advised; he would certainly not desire that any Council should "hand over" its responsibilities.

Dr. David Kirkhope, Medical Officer of Health, Tottenham, spoke on the administration of the Infant Life Protection Act, stating that it was largely administered by the Boards of Guardians. He held that overlapping would be limited and a greater economy achieved if this work were undertaken by Health Visitors. I. M.

The Afternoon Session.

At the afternoon session of the Conference, the Chair was taken by Mr. Arthur Greenwood, M.P. The first speaker, Dr. Mabel Brodie, Lecturer in Hygiene, Chelsea Polytechnic, gave a constructive outline for the "Better Correlation of Duties with Qualifications for Health Visitors."

She spoke of the rapid development and expansion of all branches of health work since 1903, when the first Health Visitor was appointed in Warwickshire. She could speak from personal knowledge of the enthusiasm

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